

SCANNED

#1-13747

WEST SPRINGFIELD

115 WAYSIDE AVENUE

**BWSC Records Retention Check List**

Date File Segregated: 4/3/09

Region: **1** RTN : 1-0013747 Notification Date: 12/14/2000

Closing Action: RAORCD Date: 11/7/2001

Site Name/Location Aid: NO LOCATION AID

Address: 115 WAYSIDE AVE, WEST SPRINGFIELD

DEP Box #

SRC Box #

SCANNED

**Permanent Record**

*No Archive File*

☒ Notification Records -- circle document(s): RNF RLF RLFA

☒ Response Action Outcome -- circle type: Class A Class B

☐ Activity and Use Limitation

☐ No Further Action (NFA) Submittal

☐ Waiver Completion Statement

☐ LSP Evaluation Opinion -- circle type: NDS NFA

☐ Notice of Audit Findings (NOFA)

☐ Level 1

☐ Level 2

☐ Level 3

☐ Audit Follow Up Plan and Post Audit Completion Statement

☐ Correspondence -- circle document(s): NOR, NORA, NON, PAN, ACOP, UAO,

☐ Other

☐ Phase I Initial Site Investigation

☐ Phase II-Comprehensive Site Assessment

## BWSC Records Retention Check List

### Records Storage Center

\_\_\_\_\_ Appendices in support of permanent records:

\_\_\_\_\_ Analytical Data – Type: \_\_\_\_\_

\_\_\_\_\_ Boring Logs

\_\_\_\_\_ Other

\_\_\_\_\_ Phase III-Comprehensive Remedial Action Alternatives

\_\_\_\_\_ Phase IV-Implementation of Selected Remedial Action

\_\_\_\_\_ Phase V-Operation, Maintenance and/or Monitoring

\_\_\_\_\_ IRA – circle submittal(s): Plan Status Report Completion Report

\_\_\_\_\_ RAM -- circle submittal(s): Plan Status Report Completion Report

\_\_\_\_\_ URAM -- circle submittal(s): Plan Status Report Completion Report

\_\_\_\_\_ Bill of Lading (BOL)

\_\_\_\_\_ Tier 1 Permit – circle submittal(s): Application Extension

\_\_\_\_\_ Tier Classification – circle submittal(s): Tier Classification Tier II Extension

\_\_\_\_\_ Special Project Designation -- Application

\_\_\_\_\_ Transition Permit

\_\_\_\_\_ Waiver Application

\_\_\_\_\_ Public Involvement Records



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-104

455

RESPONSE ACTION OUTCOME (RAO) STATEMENT &  
DOWNGRADIANT PROPERTY STATUS TRANSMITTAL FORM

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

Release Tracking  
Number

1 - 13697  
13697

A. SITE OR DOWNGRADIANT PROPERTY LOCATION:

Site Name: (optional) \_\_\_\_\_

Street: 115 Wayside Avenue

Location Aid: \_\_\_\_\_

City/Town: West Springfield

ZIP: 01089-0000

Code: \_\_\_\_\_

☐ Check here if this Site location is Tier  
Classified.

If a Tier I Permit has been issued, state the Permit  
Number: 1-13747

Related Release Tracking Numbers that this Form  
Addresses: \_\_\_\_\_

If submitting an RAO Statement, you must document the location of the Site or the location and boundaries of the Disposal Site subject to this Statement. If submitting an RAO Statement for a PORTION of a Disposal Site, you must document the location and boundaries for both the portion subject to this submittal and, to the extent defined, the entire Disposal Site. If submitting a Downgradient Property Status Submittal, you must provide a site plan of the property subject to the submittal and, to the extent defined, the Disposal Site.

B. THIS FORM IS BEING USED TO: (check all that apply)

☒ Submit a Response Action Outcome (RAO) Statement (complete Sections A, B, C, D, E, F, H, I, J and L).

☐ Check here if this is a revised RAO Statement. Date of Prior  
Submittal: \_\_\_\_\_

☐ Check here if any Response Actions remain to be taken to address conditions associated with any of the Releases whose Release  
Tracking Numbers are listed above. This RAO Statement will record only an RAO-Partial Statement for those Release Tracking  
Numbers.

Specify Affected Release Tracking  
Numbers: \_\_\_\_\_

☐ Submit an optional Phase I Completion Statement supporting an RAO Statement or Downgradient Property Status Submittal  
(complete Sections A, B, H, I, J, and L).

☐ Submit a Downgradient Property Status Submittal (complete Sections A, B, G, H, I, J and K).

☐ Check here if this is a revised Downgradient Property Status  
Submittal.

Date of Prior  
Submittal: \_\_\_\_\_

☐ Submit a Termination of a Downgradient Property Status Submittal (complete Sections A, B, I, J and L).

☐ Submit a Periodic Review Opinion evaluating the status of a Temporary Solution (complete Sections A, B, H, I, J  
and L).

Specify one: ☐ For a Class C RAO ☐ For a Waiver Completion Statement indicating a Temporary  
Solution  
Provide Submittal Date of RAO Statement or Waiver Completion  
Statement: \_\_\_\_\_

You must attach all supporting documentation required for each use of form indicated, including copies of  
any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

☐ Assessment and/or Monitoring Only

☒ Removal of Contaminated Soils

☒ Re-use, Recycling or Treatment

☐ On Site ☒ Off Site Est. Vol.: 250 cubic yards

Describe: \_\_\_\_\_

☐ Landfill ☐ Cover ☐ Disposal Est. Vol.: \_\_\_\_\_ cubic yards

☐ Removal of Drums, Tanks or Containers

Describe: \_\_\_\_\_

☐ Removal of Other Contaminated Media

Specify Type and  
Volume: \_\_\_\_\_

☐ Other Response Actions

Describe: \_\_\_\_\_

☐ Deployment of Absorbant or Contaminant  
Materials

☐ Temporary Covers or Caps

☐ Bioremediation

☐ Soil Vapor  
Extraction

☐ Structure Venting System

☐ Product or NAPL  
Recovery

☐ Groundwater Treatment  
Systems

☐ Air Sparging

☐ Temporary Water Supplies

☐ Temporary Evacuation or Relocation of  
Residents

☐ Fencing and Sign Posting

SECTION C IS CONTINUED ON THE NEXT PAGE.





**RESPONSE ACTION OUTCOME (RAO) STATEMENT &  
DOWNGRADE PROPERTY STATUS TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

Release Tracking  
Number

1 - 13691

**C. DESCRIPTION OF RESPONSE ACTIONS: (continued)**

- ☐ Check here if any Response Action(s) that serve as the basis for this RAO Statement involve the use of Innovative Technologies. (DEP is interested in using this information to create an Innovative Technologies Clearinghouse.)

Describe  
Technologies: \_\_\_\_\_

**D. TRANSPORT OF REMEDIATION WASTE:** (If Remediation Waste was sent to an off-site facility, answer the following questions)

Name of Facility: Theodore Ondricks Company, LLC

Town and State: Chicopee, MA

Quantity of Remediation Waste Transported to Date: 428.28

**E. RESPONSE ACTION OUTCOME CLASS:**

Specify the Class of Response Action Outcome that applies to the Site or Disposal Site. Select **ONLY** one Class:

- ☐ **Class A-1 RAO:** Specify one of the following:

☐ Contamination has been reduced to background levels.

☐ A Threat of Release has been eliminated.

- ☒ **Class A-2 RAO:** You **MUST** provide justification that reducing contamination to background levels is infeasible.

- ☐ **Class A-3 RAO:** You **MUST** provide both an implemented Activity and Use Limitation (AUL) and justification that reducing contamination to background levels is infeasible.

If applicable, provide the earlier of the AUL expiration date or date the design life of the remedy will end: \_\_\_\_\_

- ☐ **Class B-1 RAO:** Specify one of the following:

☐ Contamination is consistent with background levels

☐ Contamination is **NOT** consistent with background levels.

- ☐ **Class B-2 RAO:** You **MUST** provide an implemented AUL.

If applicable, provide the AUL expiration date: \_\_\_\_\_

- ☐ **Class C RAO:** ☐ Check here if you will conduct post-RAO Operation, Maintenance and Monitoring at the Site.

Specify One: ☐ Passive Operation and Maintenance

☐ Monitoring Only

☐ Active Operation and Maintenance (defined at 310 CMR 40.0006)

**F. RESPONSE ACTION OUTCOME INFORMATION:**

- ☒ If an RAO Compliance Fee is required, check here to certify that the fee has been submitted. You **MUST** attach a photocopy of the payment.

- ☐ Check here if submitting one or more AULs. You must attach an AUL Transmittal Form (BWSC-113) and a copy of each implemented AUL related to this RAO Statement. Specify the type of AUL(s) below: (required for all Class A-3 RAOs and Class B-2 RAOs)

☐ Notice of Activity and Use Limitation

☐ Grant of Environmental Restriction

Number of AULs  
attached: \_\_\_\_\_

Specify the Risk Characterization Method(s) used to achieve the RAO described above and all Soil and Groundwater Categories applicable to the Site.

**More than one Soil Category and more than one Groundwater Category may apply at a Site.  
Be sure to check off all APPLICABLE categories, even if more stringent soil and groundwater standards were met.**

Risk Characterization Method(s)  
Used:

☒ Method 1

☐ Method 2

☐ Method 3

Soil Category(ies) Applicable:

☐ S-1

☐ S-2

☒ S-3

Groundwater Category(ies) Applicable:

☐ GW-1

☐ GW-2

☒ GW-3

> When submitting any Class A-1 RAO or a Class B-1 RAO where contamination is consistent with background levels, do NOT specify Risk Characterization Method.

> When submitting any Class A-2 RAO or a Class B-1 RAO where contamination is NOT consistent with background levels, you cannot use an AUL to maintain a level of no significant risk. Therefore, you must meet S-1 Soil Standards, if using Risk Characterization Method 1.



RESPONSE ACTION OUTCOME (RAO) STATEMENT &  
DOWNGRADIANT PROPERTY STATUS TRANSMITTAL FORM

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

Release Tracking  
Number

1 - 13691

G. DOWNGRADIANT PROPERTY STATUS SUBMITTAL:

☐ If a Downgradient Property Status Submittal Compliance Fee is required, check here to certify that the fee has been submitted. You **MUST** attach a photocopy of the payment.

☐ Check here if a Release(s) of Oil or Hazardous Material(s), other than that which is the subject of this submittal, has occurred at this property.

Release Tracking  
Number(s):

☐ Check here if the Releases identified above require further Response Actions pursuant to 310 CMR 40.0000.

Required documentation for a Downgradient Property Status Submittal includes, but is not limited to, copies of notices provided to owners and operators of both upgradient and downgradient abutting properties and of any known or suspected source properties.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B indicates that a **Downgradient Property Status Submittal** is being provided, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000,

(ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in 310 CMR 40.0183(2)(b), and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that either an **RAO Statement, Phase I Completion Statement and/or Periodic Review Opinion** is being provided, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you **MUST** attach a statement identifying the applicable provisions thereof.

LSP Name: Kevin C. Sheehan

LSP #: 4813

Stamp:

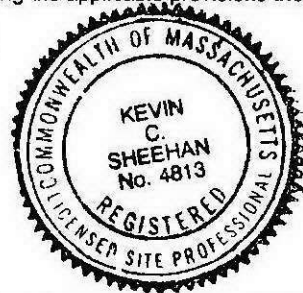
Telephone: 413-789-3530

Ext.: \_\_\_\_\_

FAX:  
(optional)

Signature: [Signature]

Date: 11/10/01



I. PERSON MAKING SUBMITTAL:

Name of Organization: T. Works, Inc.

Name of Contact: Robert Townsend

Title: Owner

Street: 13 Southbridge Street

City/Town: Agawam

State: MA

ZIP Code: 01001-0000

Telephone: 413-789-7794

Ext.: \_\_\_\_\_

FAX:  
(optional)

J. RELATIONSHIP TO SITE OF PERSON MAKING SUBMITTAL: (check one)

☒ RP or PRP Specify: ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: \_\_\_\_\_

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Submitting This Form Specify Relationship: \_\_\_\_\_



**RESPONSE ACTION OUTCOME (RAO) STATEMENT &  
DOWNGRAIDENT PROPERTY STATUS TRANSMITTAL FORM**

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

Release Tracking  
Number

1 - 13691

**K. CERTIFICATION OF PERSON SUBMITTING DOWNGRAIDENT PROPERTY STATUS SUBMITTAL:**

I, \_\_\_\_\_, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form; (ii) that, based on my inquiry of the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is/are aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(signature)

For \_\_\_\_\_ Date: \_\_\_\_\_  
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: (optional) \_\_\_\_\_

**L. CERTIFICATION OF PERSON MAKING SUBMITTAL:**

If you are completing only a Downgradient Property Status Submittal, you do not need to complete this section of the form.

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form; (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: Robert Townsend Title: Owner  
(signature)

For T. Work, Inc. Date: 12/30/07  
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_ FAX: (optional) \_\_\_\_\_

**YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.**



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-105

484

IMMEDIATE RESPONSE ACTION (IRA)  
TRANSMITTAL FORM

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking  
Number

1 - 13691

13697

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name:

(optional)

Street: 115 Wayside Avenue

Location Aid:

City/Town: West Springfield

ZIP Code: 01089-0000

☐ Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.

☐ Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.

Specify Program: ☐ CERCLA ☐ HSWA Corrective Action ☐ Solid Waste Management ☐ RCRA State Program (21C Facilities)

Related Release Tracking Numbers That This IRA  
Addresses:

1-13747

B. THIS FORM IS BEING USED TO: (check all that apply)

☐ Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).

☐ Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted:

☐ Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).

☐ Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).

☐ Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).

☒ Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT

IRA:

Identify Media and Receptors Affected: (check all that apply)

☐ Air ☐ Groundwater ☐ Surface Water ☐ Sediments ☒ Soil

☐ Wetland ☐ Storm Drain ☐ Paved Surface ☐ Private Well ☐ Public Water Supply ☐ Zone 2 ☐ Residence

☐ School ☐ Unknown ☐ Other Specify:

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply)

☐ 2 Hour Reporting Condition(s)

☒ 72 Hour Reporting Condition(s) ☐ Substantial Release Migration ☐ Other Condition(s)

Describe UST failed tank system testing

Identify Oils and Hazardous Materials Released: (check all that apply)

☒ Oils ☐ Chlorinated Solvents ☐ Heavy Metals

☐ Others Specify:

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

☐ Assessment and/or Monitoring Only

☒ Excavation of Contaminated Soils

☒ Re-use, Recycling or Treatment

☐ On Site ☒ Off Site Est. Vol.: 20.0 cubic yards

Describe

☐ Store ☐ On Site ☐ Off Site Est. Vol.: cubic yards

☐ Landfill ☐ Cover ☐ Disposal Est. Vol.: cubic yards

☐ Removal of Drums, Tanks or Containers

Describe

☐ Deployment of Absorbent or Containment Materials

☐ Temporary Covers or Caps

☐ Bioremediation

☐ Soil Vapor Extraction

☐ Structure Venting System

☐ Product or NAPL Recovery

☐ Groundwater Treatment Systems

☐ Air Sparging

☐ Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.





**IMMEDIATE RESPONSE ACTION (IRA)  
TRANSMITTAL FORM**

Release Tracking  
Number

1

13691

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

**D. DESCRIPTION OF RESPONSE ACTIONS (continued):**

☐ Removal of Other Contaminated Media

Specify Type and  
Volume: \_\_\_\_\_

☐ Other Response Actions Describe \_\_\_\_\_

☐ Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).

Describe

Technologies: \_\_\_\_\_

☐ Temporary Evacuation or Relocation of  
Residents

☐ Fencing and Sign Posting

**E. TRANSPORT OF REMEDIATION WASTE:** (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: Theodore Ondricks Company, LLC

Town and State: Chicopee, MA

Quantity of Remediation Waste Transported to Date: 428.28

**F. IMMINENT HAZARD EVALUATION SUMMARY:** (check one of the following)

☐ Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.

☐ Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.

☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.

☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

**G. IRA COMPLETION STATEMENT:**

☐ Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).

State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition \_\_\_\_\_

Site: \_\_\_\_\_

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

**H. LSP OPINION:**

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Status Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-105

484

IMMEDIATE RESPONSE ACTION (IRA)  
TRANSMITTAL FORM

Release Tracking  
Number

1 - 13691

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

LSP Name: Kevin C. Sheehan LSP #: 4813 Stamp:

Telephone: 413-789-3530 Ext.: \_\_\_\_\_

FAX: \_\_\_\_\_  
(optional)

Signature: [Signature]

Date: 11/6/01



I. PERSON UNDERTAKING IRA:

Name of Organization: T. Works, Inc.

Name of Contact: Robert Townsend Title: Owner

Street: 13 Southbridge Street

City/Town: Agawam State: MA ZIP Code: 01001-0000

Telephone: 413-789-7794 Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_  
(optional)

☐ Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

☒ RP or PRP Specify ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: \_\_\_\_\_

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Undertaking IRA Specify Relationship: \_\_\_\_\_

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Owner  
(signature)

For T. Works, Inc. Date: 10/30/01  
: (print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in

Section I:

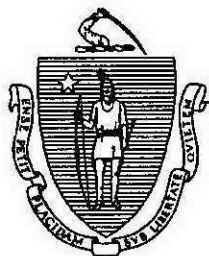
Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_  
(optional)

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

FILL COPY



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Western Regional Office

JANE SWIFT  
Governor

BOB DURAND  
Secretary

LAUREN A. LISS  
Commissioner

TRAILER WORKS INC  
13 SOUTHBRIDGE DRIVE  
AGAWAM, MA 01001-0000

Attn: ROBERT TOWNSEND

June 14, 2001

RTN: 1-0013747

Site name: 115 WAYSIDE AVENUE  
City: WEST SPRINGFIELD  
Date of Release Notification: 08/15/2000  
Release Type: 120 DY  
Hazardous Material

RE: Deadline Approaching

Dear ROBERT TOWNSEND,

**This is a reminder that 08/15/2001 is the one-year deadline for you to submit important information to the Department of Environmental Protection (DEP).**

You are listed in DEP's records as a "potentially responsible party" (PRP). This means that DEP has reason to believe that you are responsible for cleaning up the release of oil and/or hazardous materials at the disposal site (the site) listed above. The Massachusetts Contingency Plan (the MCP), 310 CMR 40.0000, requires that, as a PRP, you submit important information to DEP about this disposal site within one year of notification to DEP of the release. **This one-year deadline is about to expire.**

The MCP allows one-year from the time DEP was notified of, or discovered this release or threat of release, for you to complete certain investigations and/or cleanup actions at this site. Specifically, within this one-year period, the MCP requires you to submit to DEP one of the following documents:

- Response Action Outcome (RAO) Statement, or
- Tier Classification Submittal

If your property is downgradient of the source of the release you may (but are not required to) file a Downgradient Property Status (DPS) Submittal, instead of an RAO Statement or Tier Classification Submittal. A complete and properly supported DPS Submittal stops the regulatory clock for cleanup of the site, but only for the person who submitted it. However, even if you file a DPS Submittal, you are still obligated to perform certain response actions to prevent direct contact with contaminants or to address other time critical site conditions.



As of the date of this letter, DEP has not received any of the above-listed submittals (see the attachment for more information about each of these submittals). You should have already employed a Licensed Site Professional (LSP) to investigate and cleanup the release at this site. LSPs are professionals licensed by the Commonwealth of Massachusetts to manage, supervise, direct, and/or oversee site investigations and cleanups. Your LSP can help you learn more about your specific obligations for your site. If you have not retained an LSP, you will need to hire one to prepare and submit an RAO or Tier Classification. A list of LSPs may be obtained through the Internet at <http://www.state.ma.us/lsp/lsphome.htm> or by calling the LSP Board at (617) 556-1091.

• **Please note that if you fail to submit an RAO Statement, Tier Classification Submittal or a DPS Submittal to DEP by the deadline mentioned above:**

- This site will be deemed default Tier IB Disposal Site (for fee purposes only). Unless you fall within limited exceptions, you will be assessed a Tier IB Annual Compliance Fee of \$2600 for response actions that you carried out the first year. You will also be assessed an additional \$2600, thereafter, for every year response actions are conducted until you submit an RAO to DEP, and
- Enforcement actions may be initiated against you through DEP's Civil Administrative Penalty Regulations (310 CMR 5.00). The law provides for administrative penalties of up to \$25,000 per day for certain violations of the MCP. **If you fail to file an RAO Statement or Tier Classification Submittal you will be issued a Notice of Noncompliance (NON) by DEP. If you don't comply with the NON, you will be subject to a penalty of \$1,000 per day until such time as you comply with the MCP.** Therefore, it is in your best interest to provide DEP with one of the required submittals before your one-year deadline expires.

If you elect to address a Release Condition as part of Comprehensive Response Actions planned for a Site that has already Tier Classified under a different Release Tracking Number (RTN), you must notify DEP using the appropriate submittal before the one-year deadline of the Release Condition. If you can submit an Immediate Response Action (IRA) Completion Statement prior to the deadline date, the linkage should be noted on that transmittal form (BWSC-105). If an IRA Completion Statement either can not be submitted by the deadline date, or is not applicable, a Tier Classification Transmittal Form (BWSC-107) must be submitted noting the linkage. Future Comprehensive Response Actions must occur according to the deadlines applicable to the earliest RTN (the primary RTN). If an ongoing IRA is required to address the Release Condition, the appropriate IRA submittals are still required.

If the appropriate submittal has already been filed for your site, please disregard this letter. An RAO, Tier Classification, and DPS Submittal each require the stamp and signature of an LSP to confirm that response actions have been conducted in compliance with the MCP.

You and your LSP may obtain copies of all DEP forms and applications through the DEP web site: [www.state.ma.us/dep/bwsc/files/forminfo.htm](http://www.state.ma.us/dep/bwsc/files/forminfo.htm), or by contacting your DEP regional service center.

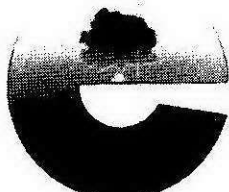
Enclosed please find the "MCP First Year Compliance Fact Sheet". It explains in more detail the information you must submit to DEP by the site's one-year deadline to comply with the MCP.

Yours truly,

  
Alan Weinberg  
Deputy Regional Director  
Western Regional Office  
Bureau Waste Site Cleanup

CC: data entry/file  
LSP of Record  
MCP – fact sheet

1-13747



**ENVIRONMENTAL COMPLIANCE SERVICES, INC.**



February 7, 2001  
File No. 13997  
Document No. 19883

John Bourcier  
Massachusetts Department of Environmental Protection  
Western Regional Office  
436 Dwight Street  
Springfield, MA 01103

RE: 115 Wayside Avenue  
West Springfield, Massachusetts  
DEP # 1-13747

Dear Mr. Bourcier:

As per the Notice of Responsibility (NOR) dated January 8, 2001 for Release Tracking Number (1-13747) a summary report of any environmental assessment activities performed at the Site relative to this release was to be submitted to the Department of Environmental Protection within 30 days of the date of the NOR. On November 20, 2000, a tightness test was performed on the 10,000-gallon underground storage tank (UST) resulting in a 72-hour reportable condition. As a result a separate NOR (1-13697) was issued to Trailer Works, Incorporated on December 8, 2000. This tank is located in the vicinity of the elevated concentrations of volatile petroleum hydrocarbons (VPH) and extractable petroleum hydrocarbons (EPH) detected during the subsurface investigation conducted in July 2000 (1-13747).

Environmental Compliance Services, Inc. (ECS) completed an Immediate Response Action (IRA) Plan for the RTN 1-13697, which was submitted to the DEP on January 17, 2001. The IRA Plan indicated that the 10,000-gallon UST is scheduled to be removed in the early spring. In addition, during removal activities, the elevated concentrations of VPH and EPH detected within the previous soil borings will also be address.

Should you have any questions regarding this information, please do not hesitate to contact our office.

Sincerely,  
ENVIRONMENTAL COMPLIANCE SERVICES, INC.

  
Mark A. Haynes  
Operations Manager

cc: Mr. Robert Townsend

588 Silver Street  
Agawam, MA 01001  
413-789-3530  
Fax 413-789-2776

157 Old Guilford Road #6  
Brattleboro, VT 05301  
802-257-1195  
Fax 802-257-1603

18 Shepherd Street  
Brighton, MA 02135  
617-782-4417  
Fax 617-254-5939

2119 West Brandon Blvd., Suite K  
Brandon, FL 33511  
813-643-8887  
Fax 813-643-3847

74 Boston Post Road  
Madison, CT 06443  
203-245-3322  
Fax 203-245-3494



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-102B

also

1-13747

Release Tracking Number

RELEASE LOG FORM ATTACHMENT

1-13697

E. LOG/RELEASE LOCATION INFORMATION: (complete if using BWSC-102B only)

City/Town: WEST SPRINGFIELD

Date: 1/30/01

Time: 900

☒ AM ☐ PM

Release Address: 115 WAYSIDE AVENUE

Use of Attachment (check one):

☐ Amendment to Release Log Form

☐ Attachment Page(s): \_\_\_\_\_ of: \_\_\_\_\_

F. INSPECTIONS OR SITE VISITS (also Follow-up Office Response):

(check one)

☐ Initial Compliance Field Response - Announced

☐ Initial Compliance Field Response - Unannounced

☐ Compliance Field Response - Announced

☐ Compliance Field Response - Unannounced

☐ Short Notice Audit Inspection

☐ Field Response - Direct Oversight

☐ Follow-up or Other Field Response

☐ Follow-up Office Response

G. ADDITIONAL DESCRIPTION:

REVIEW OF 1/29/01 IRAP RECEIVED BY DEP.

IRA REQUIRED DUE TO FAILED TIGHTNESS TEST ON 10K GALLON UST. SECOND PTN ALSO ISSUED FOR HISTORICAL PROBLEM ON-SITE

IRA PROPOSED FOR SPRING. NO ONGOING TOR - TANK HAS BEEN EVACUATED. IRA INCLUDES REMOVAL OF UST + SOIL EXCAVATION. AMOUNT OF SOIL TO BE EXCAVATED IS CONFUSING - PG. 5, "100 CUBIC YARDS OF 25 TO 50 CUBIC YARDS OF CONTAMINATED SOIL" NEEDS TO BE EXCAVATED.

STAFF LEAD NEEDS TO CLARIFY EXCAVATION AMOUNT WITH ECS PROJECT MANAGER.

H. DEP ASSIGNMENT: (complete if using BWSC-102A and 102B or BWSC-102B only)

Preparer of RLFA (please print):

Signature:

Staff Lead Assigned (if different from preparer):

BOURCIER

☐ Check here if the Release or Threat of Release is unassigned.

☐ Check here if this RLFA records a change in staff lead.



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-102A

RELEASE LOG FORM ATTACHMENT

Release Tracking Number

-

A. LOG/RELEASE LOCATION INFORMATION: (complete if using BWSC-102A and 102B or BWSC-102A only)

City/Town: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

Release Address: \_\_\_\_\_

Use of Attachment (check one): ☐ Amendment to Release Log Form ☐ Attachment Page(s): \_\_\_\_\_ of: \_\_\_\_\_

B. ORAL PLAN SUMMARY: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Removal of Contaminated Soils   | <input type="checkbox"/> Deployment of Absorbent or Containment Materials |
| <input type="checkbox"/> Re-use or Recycling   | <input type="checkbox"/> Temporary Covers or Caps                         |
| <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Volume: _____ cubic yards                                 | <input type="checkbox"/> Bioremediation                                   |
| <input type="checkbox"/> Treat <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Volume: _____ cubic yards  | <input type="checkbox"/> Soil Vapor Extraction                            |
| Describe: _____  | <input type="checkbox"/> Structure Venting System                         |
| <input type="checkbox"/> Store <input type="checkbox"/> On Site <input type="checkbox"/> Off Site Volume: _____ cubic yards  | <input type="checkbox"/> Product or NAPL Recovery                         |
| <input type="checkbox"/> Landfill <input type="checkbox"/> Cover <input type="checkbox"/> Disposal Volume: _____ cubic yards | <input type="checkbox"/> Groundwater Treatment Systems                    |
| <input type="checkbox"/> Removal of Drums, Tanks or Containers   | <input type="checkbox"/> Air Sparging                                     |
| Describe: _____  | <input type="checkbox"/> Temporary Water Supplies                         |
| <input type="checkbox"/> Removal of Other Contaminated Media   | <input type="checkbox"/> Temporary Evacuation or Relocation of Residents  |
| Specify Type and Volume: _____   | <input type="checkbox"/> Fencing and Sign Posting                         |
| <input type="checkbox"/> Other Response Actions Describe: _____  |   |

☐ Check here if this Release or Threat of Release is a candidate for future presumptive approval of an IRA or RAM Written Plan.

Check one of the following: ☐ Oral IRA Plan Approval ☐ Oral RAM Plan Approval ☐ Oral IRA Plan Modification Approval

Other Comments: \_\_\_\_\_

C. ADDITIONAL INVOLVED PERSON INFORMATION:

Check One: ☐ PRP ☐ PRP Local Contact ☐ Other Person Performing Response Action  
☐ Other Relationship Specify: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Street: \_\_\_\_\_ ☐ Check here if this person received a field NOR.

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

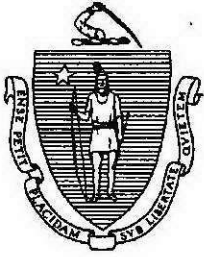
D. DEP ASSIGNMENT: (complete if using only BWSC-102A)

Preparer of RLFA (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Staff Lead Assigned (if different from preparer): \_\_\_\_\_

- ☐ Check here if the Release or Threat of Release is unassigned.  
☐ Check here if this RLFA records a change in staff lead.





COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
WESTERN REGIONAL OFFICE

FILE COPY

ARGEO PAUL CELLUCCI  
Governor

JANE SWIFT  
Lieutenant Governor

BOB DURAND  
Secretary

LAUREN A. LISS  
Commissioner

January 8, 2001

URGENT LEGAL MATTER: PROMPT ACTION NECESSARY  
REGISTERED MAIL: RETURN RECEIPT REQUESTED

Trailer Works, Incorporated  
13 Southbridge Drive  
Agawam, MA 01001-0000

Attention: Robert Townsend

Re: West Springfield  
115 Wayside Avenue  
RTN# 1-13747

NOTICE OF RESPONSIBILITY  
M.G.L. c. 21E, 310 CMR 40.0000

Dear Mr. Townsend:

Thank you for submitting the Release Notification Form received by the Department on December 14, 2000. The Release Notification Form indicates that soil at the subject location (the site) is contaminated with extractable petroleum hydrocarbons (EPH), volatile petroleum hydrocarbons (VPH), and several other volatile organic compounds. In light of this information, the Department wishes to ensure that you are aware of your rights and responsibilities under the Massachusetts Oil and Hazardous Material Release Prevention and Response Act, M.G.L. c. 21E, and the Massachusetts Contingency Plan (MCP), 310 CMR 40.0000.

The information contained in your submittal indicates that the above-referenced property has been subject to a release of oil/hazardous materials in excess of the applicable reportable quantity or reportable concentration. Based on this information, the Department has reason to believe that the property, or portions thereof, is a disposal site which requires a response action. The cleanup of disposal sites is governed by M.G.L. c. 21E and the MCP.

The information contained in your submittal also indicates that you (as used in this letter "you" refers to Trailer Works, Incorporated.) are a party with potential liability for response action costs and damages under M.G.L. c. 21E, § 5. The attached summary is intended to provide you with information about liability under Chapter 21E to assist you in deciding what actions to take in response to this notice.

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

436 Dwight Street • Springfield, Massachusetts 01103 • FAX (413) 784-1149 • TDD (413) 746-6620 • Telephone (413) 784-1100

Printed on Recycled Paper

You should be aware that you may have claims against third parties for damages, including claims for contribution or reimbursement for the costs of cleanup. Such claims do not exist indefinitely but are governed by laws which establish the time allowed for bringing litigation. The Department encourages you to take any action necessary to protect any such claims you may have against third parties.

### **ACTIONS UNDERTAKEN TO DATE AT THE SITE**

The Release Notification Form (RNF) states that the concentrations of Extractable Petroleum Hydrocarbons (EPH), Napthalene, and methylnapthalene in the soil obtained from the site are above the applicable reportable concentrations. According to the RNF, C9-C18 aliphatic (EPH) hydrocarbons were detected at a concentration of 1,300 parts per million (ppm), C11-C22 aromatic hydrocarbons at 1,299 ppm, C9-C10 aromatic (VPH) hydrocarbons at 520 ppm, napthalene at 48,000 ppm, and methylnapthalene at 37,000 ppm.

Please submit to the Department a summary report of any environmental assessment activities performed at the site relative to this release within 30 days of the date of this letter.

### **NECESSARY RESPONSE ACTIONS AND APPLICABLE DEADLINES**

No disposal site will be deemed to have had all the necessary and required response actions taken for it unless and until all substantial hazards presented by the release and/or threat of release have been eliminated and a level of no significant risk exists or has been achieved in compliance with M.G.L. c. 21E and the MCP.

The MCP requires persons undertaking response actions at a disposal site to submit to the Department a RAO Statement prepared by a LSP upon determining that a level of no significant risk already exists or has been achieved at the disposal site.

Unless otherwise provided by the Department, responsible parties have one year from the initial date notice of a release or threat of release is provided to the Department pursuant to 310 CMR 40.0300 or from the date the Department issues a Notice of Responsibility, whichever occurs earlier, to file with the Department one of the following submittals: (1) a completed Tier Classification Submittal; or (2) a RAO Statement; or (3) a Downgradient Property Status Submittal. The one-year anniversary date for this release is **December 14, 2001**.

In addition, the MCP requires responsible parties and any other person undertaking response actions at a disposal site to perform Immediate Response Actions in response to sudden releases, Imminent Hazards and Conditions of Substantial Release Migration. Such persons must continue to evaluate the need for Immediate Response Actions and notify the Department immediately if such a need exists.

### **PROCEDURES TO FOLLOW TO UNDERTAKE RESPONSE ACTIONS**


The Department encourages parties having liability under M.G.L. c. 21E to take prompt action in response to releases and threats of release of oil and hazardous materials. By taking prompt action, liable parties may significantly lower cleanup costs and avoid the imposition of, or reduce the amount of, certain permit and/or annual compliance assurance fees payable under 310 CMR 4.00 (e.g., no annual compliance assurance fee is due for RAO Statements submitted to the Department within 120 days of the initial date of release notification).

You must employ or engage a LSP to manage, supervise or actually perform all response actions which you intend to undertake at this disposal site. You may obtain a list of the names and addresses of LSPs by contacting the Board of Registration of Hazardous Waste Site Cleanup Professionals by telephone at

(617) 556-1145 or in person or by mail at One Winter Street, 6th Floor, Boston, Massachusetts 02108. The Department has listed Keyin Sheehan of Environmental Compliance Services as the LSP for this release.

If you have any further questions, please contact John S. Bourcier at the letterhead address or at (413) 755-2112. All future correspondence communications regarding the disposal site should reference the Release Tracking Numbers listed in the subject block of this letter.

Sincerely,



Alan Weinberg  
Deputy Regional Director  
Bureau of Waste Site Cleanup

JSb:jsb  
13747nor.doc  
Enclosure

Certified Mail No. 7000 0026 1472 9143; Return Receipt Requested

cc: West Springfield  
Fire Department  
Board of Health  
Mayor's Office  
Mark Haynes-Environmental Compliance Services



U.S. Postal Service

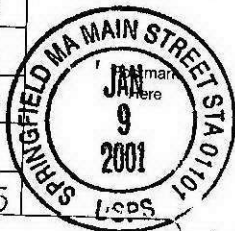
# CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

EH16 4251 5371 1-10-01

BWSC WEST SPFLD 113747

Postage	\$ 55
Certified Fee	190
Return Receipt Fee (Endorsement Required)	150
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 395



Reci  
Stret  
City

Mr Robert Townsend  
Trailer Works Inc  
13 Southbridge Drive  
Agawam MA 01001

PS F

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr Robert Townsend  
Trailer Works Inc  
13 Southbridge Drive  
Agawam MA 01001

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

JAN 10 2001

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7600 0600 002L 4424 9143

Buse west SFU 1-13747

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking 244

RELEASE NOTIFICATION & NOTIFICATION RETRACTION  
FORM

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart

1 - 13747

If assigned by DEP

A. RELEASE OR THREAT OF RELEASE LOCATION:

Street: 115 Wayside Avenue

Location Aid:

City/Town: West Springfield

ZIP 01089-0000

B. THIS FORM IS BEING USED (check one)

☒ Submit a Release Notification (complete all sections of this form).

☐ Submit a Retraction of a Previously Reported Notification of a Release or Threat of Release (complete Sections A, B, E, F and G of this form). You MUST attach the supporting documentation required by 310 CMR 40.0335.

C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR):

Date and time you obtained knowledge of the Release or TOR. 08/15/00 Time: Specify: ☐ AM ☐ PM

The date you obtained knowledge is always required. The time you obtained knowledge is not required if reporting only 120 Day Conditions.

IF KNOWN, record date and time release or TOR occurred. Time: Specify: ☐ AM ☐ PM

☐ Check here if you previously provided an Oral Notification to DEP (2 Hour and 72 Hour Reporting Conditions only).

Provide date and time of Oral Notification. Time: Specify: ☐ AM ☐ PM

Check all Notification Thresholds that apply to the Release or Threat of Release: (for more information see 310 CMR 40.0310 - 40.0315)

2 HOUR REPORTING CONDITIONS

- ☐ Sudden Release
- ☐ Threat of Sudden Release
- ☐ Oil Sheen on Surface Water
- ☐ Poses Imminent Hazard
- ☐ Could Pose Imminent Hazard
- ☐ Release Detected in Private Well
- ☐ Release to Storm Drain
- ☐ Sanitary Sewer Release (Imminent Hazard Only)

72 HOUR REPORTING CONDITIONS

- ☐ Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- ☐ Underground Storage Tank (UST) Release
- ☐ Threat of UST Release
- ☐ Release to Groundwater near Water Supply
- ☐ Release to Groundwater near School or Residence

120 DAY REPORTING CONDITIONS

- ☒ Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- ☐ Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- ☐ Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- ☐ Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch

List below the Oils or Hazardous Materials that exceed their Reportable Concentration or Reportable Quantity by the greatest amount. If necessary, attach a list of additional Oil and Hazardous Material substances subject to reporting.

Name and Quantities of Oils (O) and Hazardous Materials (HM)

O or HM Released	O HM (check one)	CAS # (if known)	Amount or Concentration	Units	Reportable Concentrations Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)
Naphthalene	<input type="checkbox"/> <input checked="" type="checkbox"/>		48,000	ppm	RCS-1
Methylnaphthalene	<input type="checkbox"/> <input checked="" type="checkbox"/>		37,000	ppm	RCS-1
EPH C9-C18	<input type="checkbox"/> <input checked="" type="checkbox"/>		1,300	ppm	RCS-1

D. ADDITIONAL INVOLVED PARTIES:

☐ Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).

☐ Check here if attaching Licensed Site Professional (LSP) name and address (optional).

You may write in names and addresses on the bottom of the second page of this form.



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-103

244  
Release Tracking

RELEASE NOTIFICATION & NOTIFICATION RETRACTION  
FORM

Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

1 - 13747

If assigned by DEP

E. PERSON REQUIRED TO NOTIFY:

Name of Trailer Works, Inc.  
Name of Mr. Robert Townsend Title: \_\_\_\_\_  
Street: 13 Southbridge Drive  
City/Town: Aquawam State: MA ZIP Code: 01001-0000  
Telephone: 413-789-7444 Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

F. RELATIONSHIP OF PERSON REQUIRED TO NOTIFY TO RELEASE OR THREAT OF RELEASE: (check one)

- ☒ RP or PRP Specify ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: \_\_\_\_\_  
☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)  
☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))  
☐ Any Person Otherwise Required to Notify Specify \_\_\_\_\_

G. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: Robert Townsend Title: President  
(signature)

For: \_\_\_\_\_ Date: 12/14/2000  
(print name of person or entity recorded in Section E)

Enter address of the person providing certification, if different from address recorded in Section E:

Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

[illegible]